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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/928,594
	Filing Date	08/13/2001
	First Named Inventor	Luis R. Duarte
	Title	Ultrasonic Treatment for Wounds
	Art Unit	3737
	Examiner Name	Ruth S. Smith
	Attorney Docket Number	22416-026002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on: _____

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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